



STATE OF MARYLAND

DHMH

MD Board of Chiropractic & Massage Therapy Examiners

Maryland Department of Health and Mental Hygiene

4201 Patterson Avenue • Suite 301 • Baltimore, Maryland 21215-2299

Chiropractic: 410-764-4726 • Massage Therapy: 410-764-4738 • Fax: 410-358-1879

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

Extern Application Directions

An extern applicant is eligible for approval in the chiropractic extern program if the applicant is currently enrolled in an approved program that is recognized by the Board of Chiropractic and Massage Therapy Examiners as requiring adequate clinical training and as maintaining an acceptable course of chiropractic instruction.

When submitting the application the extern applicant will also need to

- (1) Submit to a criminal history records check. See criminal history directions and form.
- (2) Submit to the Board a letter of good standing from the extern applicant's chiropractic college.
- (3) Submit three letters of recommendation sent directly to the Board from clinical science professors at the extern's chiropractic college attesting to the applicant's good moral character and clinical abilities.

Laurie Sheffield-James, M.Div., Executive Director • Andrienne Congo, M.S., Deputy Director
4201 Patterson Avenue, Suite 301 - Baltimore, Maryland 21215-2299

Chiropractic website: www.dhmh.maryland.gov/chiropractic • Massage Therapy website: www.dhmh.maryland.gov/massage
Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258



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Criminal History Records Check

A full Criminal History Records Check is a requirement for a license or registration from the Maryland Board of Chiropractic and Massage Therapy Examiners. A full background check includes both State and FBI checks. The Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) oversees Criminal History Record Checks. History record checks are conducted by being fingerprinted.

CJIS AUTHORIZATION #: 0500119222

FBI ORI #: MD 920519Z

REASON FINGERPRINTED: Chiropractic, Chiropractic Asst/Massage Therapy License

TYPE OF CHECK: Governmental Licensing/Certification

The cost is \$52.75 (\$32.75 background check and \$20.00 fingerprinting service).

However, the cost of fingerprinting services from private providers can vary. The fee must be paid directly to the provider. **CASH IS NOT ACCEPTED.**

For additional information contact CJIS at 410-764-4501 or visit

www.dpscs.maryland.gov/publicservs/fingerprint.shtml.

All applicants for licensure or registration in Maryland will be required to submit fingerprints. This can be accomplished in two ways depending on if you are a Maryland resident or not. In order to comply with the regulations and not delay the issuance of a license or registration, follow the following directions.

4201 Patterson Avenue, Suite 301 – Baltimore, Maryland 21215-2299

Chiropractic website: www.dhmb.maryland.gov/chiropractic Massage Therapy website: www.dhmb.maryland.gov/massage

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

Maryland Resident

1. Follow the directions in this letter and have your fingerprints taken prior to mailing in your application. You will need to have the CJIS Authorization number and FBI ORI # with you when you are fingerprinted.
2. When you have your fingerprints taken you will be given a receipt for payment. Include a copy of the receipt when filing your initial application.
3. Once the results of the background check are received the application process will be completed in accordance to Board regulations and policies. For additional information contact CJIS at 410 764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml

Out of State Resident

1. If you live or work close to Maryland you have the option of using a Maryland location for your fingerprinting. If you use a Maryland location you may follow the directions for Maryland residents. If not,
2. Mail in your application with all applicable documents and fees.
3. Once the Board receives your application you will be sent a set of fingerprint cards containing the CJIS Authorization number and the FBI ORI #.
4. Have your fingerprints taken at a location near you. For additional information contact CJIS at 410 764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml
5. Once you have your prints taken you MUST mail the fingerprint cards to the below address with a check for \$32.75 made out to the "CJIS Central Repository".

Mail To:
CJIS Central Repository
P.O. Box 32708
Pikesville, Maryland 21282-2708

6. Mail a copy of the receipt for the fingerprinting to: Maryland Board of Chiropractic & Massage Therapy Examiners ATTN: Background Check 4201 Patterson Ave #301 Baltimore, Maryland 21215
7. Once the results of the background check are received the application process will be completed in accordance to Board regulations and policies. Electronic fingerprinting is required.

Electronic fingerprinting locations are listed at:
www.dpscs.maryland.gov/publicservs/fingerprint.shtml



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Name:					
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please check)	
Height: ft.	inches	Weight: lbs.	Eye Color:		Hair Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please check)					
Place of Birth:			Citizenship:		
Current address:					
City:			State:	ZIP Code: -	
Daytime Phone:		Evening Phone:		Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 0500119222	
ORI # (if required): MD 920519Z	Reason fingerprinted? Licensing
Position Applied for: Chiropractic & Massage License & Registr	

Request Type: (Choose one ONLY)

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Adult Dependent Care<input type="checkbox"/> Attorney/Client<input type="checkbox"/> Child care<input type="checkbox"/> Criminal Justice<input type="checkbox"/> Gold Seal/ Adoption<input type="checkbox"/> Gold Seal/Letter/VISA<input type="checkbox"/> Government Employment | <ul style="list-style-type: none"><input checked="" type="checkbox"/> Government Licensing or Certification<input type="checkbox"/> Immigration/VISA<input type="checkbox"/> Individual Challenge<input type="checkbox"/> Individual Review<input type="checkbox"/> MSP Licensing<input type="checkbox"/> Private Party Petition<input type="checkbox"/> Public Housing |
|---|---|

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name:
Address:
City, State, Zip code: